

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/734668
	Filing Date	12/11/2003
	First Named Inventor	William F. Sherman
	Art Unit	2654
	Examiner Name	To be assigned
	Attorney Docket Number	100685.0004US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24392

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 24392

OR

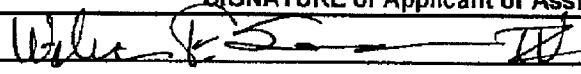
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	William F. Sherman, IV		
Date	5 Sept '07	Telephone	(949) 888-5262

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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